

## **Employment Application**

The Lodge at Shelburne Bay, The Lodge at Otter Creek and Shelburne Bay Senior Living Community do not discriminate in hiring or employment on the basis of race, color, religion, national origin, sex, age, military status, or disability. No question on this application is intended to secure information to be used for such discrimination. This application will be given every consideration, however, its receipt does not imply employment for the applicant.

APPLICANT INFORMATION												
Last Name				First	First			M.I.	Da	te		
Street Address									Apartment/Unit #			
City				State	State			ZIP				
Phone				E-mail	E-mail Address							
Date Available	ilable Social Sec			curity No.	urity No. Des			sired Salary				
Position Applied for				Are you at least 18 yr			s old?		YES	NO 🗆		
Are you authorized to work in the U.S.? YES NO												
Have you ever worked for this company? YES \( \square\) NO \( \square\) If so, when?												
Have you ever been convicted of a felony? YES \( \square\) NO \( \square\) If yes, explain												
Specify when you are available to work (Please circle)												
Days	Monday T	uesday	Wedneso	ay Th	ursday	Friday	Sat	urday	Sund	ay Al	I	
Times	Days		Evenings	Evenings Overnights			All					
Desired Employme	Desired Employment Status Full		Full Time	Ill Time			Part Time					
How did you find o	out about this jo	b opening?										
☐ Web Page (identify) ☐ Newspaper/ Journal Ad (identify)												
☐ Referral ☐ Job Service ☐ Other (please explain)												
EDUCATION												
High School			Address	Address								
From	То	Did you graduate?		YES	NO 🗆	Degree						
College			Address	Address								
From	То	Did you graduate? Y		YES	ES NO Degree							
Other				Address		·						
From	То	Did you gr	raduate?	YES	NO 🗌	Degree						

Type Origin or State Issued			Date Issued	Number	Verification (Office USE Only)		
PREVIOUS EN	IPLOYMENT						
Company			Phone (	)			
Address			Supervisor				
Job Title			Starting Salary	\$	Ending Salary \$		
Responsibilities							
From	om To Reason for Leaving						
May we contact y	our previous super	visor for a referen	NO 🗆				
Company			Phone ( )				
Address			Supervisor				
Job Title			\$	Ending Salary \$			
Responsibilities					1		
From	То	Reason for Leav	ing				
May we contact y	our previous super	visor for a referen	ce? YES 🗌	NO 🗆			
Company			Phone ( )				
Address			Supervisor				
Job Title			Starting Salary	\$	Ending Salary \$		
Responsibilities							
From	То	Reason for Leav	ing				
May we contact y	our previous super	visor for a referen	ce? YES 🗌	NO 🗆			
Please explain all	periods of unemplo	oyment:					
If your former en	nployment reference	es or education ar	e under a name othe	er than presented on t	he front of the application please indicate:		
Last		First		M.I.			

REFERENCES							
Please list three professional references and one personal reference							
Full Name	Relationship						
Company	Phone ( )						
Address							
Full Name	Relationship						
Company	Phone ( )						
Address							
Full Name	Relationship						
Company	Phone ( )						
Address							
Full Name	Relationship						
Company	Phone ( )						
Address							
MILITARY SERVICE							
Branch	From To						
Rank at Discharge	Type of Discharge						
If other than honorable, explain							
Are you aware of any limitations you may have which would limit your ability to perform the essential functions of the position(s) for which you are applying?							
If so, what accommodations will you require? Explain							
DISCLAIMER AND SIGNATURE							
I voluntarily give The Lodge at Shelburne Bay, The Lodge at Otter Creek and Shelburne Bay Senior Living Community the right to make a thorough investigation of my past employment and activities. I agree to cooperate in such investigations and release from all liability or responsibility all persons, companies, or corporations supplying such information.							
I understand that for positions which require use of a company vehicle, a check of my driving record will be conducted.							
I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.							
I consent to take the employment physical examination after I am given an offer of employment and such future physical examinations as							
may be required by The Lodge at Shelburne Bay, The Lodge at Otter Creek and Shelburne Bay Senior Living Community, which may include							
a drug test, at such time and places as The Lodge at Shelburne Bay, The Lodge at Otter Creek and Shelburne Bay Senior Living Community shall designate. I acknowledge that I may also be required to take a drug test at any time during my employment with The Lodge at							
Shelburne Bay, The Lodge at Otter Creek and Shelburne Bay Senior Living Community.							
I understand that my employment is at will, and that either party is free to terminate the employment relationship at any time without cause. I understand that I will be required to follow the personnel policies and rules of The Lodge at Shelburne Bay, The Lodge at Otter Creek and Shelburne Bay Senior Living Community and that infractions may lead to dismissal. I also understand that my employment may be terminated for any misstatement or omission of fact appearing on this application form. If employed, I will be required to complete an Employment Verification Form (I-9), and show satisfactory evidence of identity and eligibility for employment in the USA.							
Signature	Date						